

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024323

STATE FILE NUMBER

FILED JUN 24 1958		Registration District No. 347		Primary Registration District No. 6187		Registrar's No. 46	
1. PLACE OF DEATH a. COUNTY STONE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STONE			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR West Williams Twp. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY Rt. #1 80308 OR Berryville, Ark. Inside Limits TOWN Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR S-E Viola, Mo. 20 yrs				d. STREET (If outside, give location) Reside on Form ADDRESS S-E of Viola, Mo. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last NATHAN -- PLUMMER				4. DATE OF DEATH Month Day Year June 16 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 2, 1899 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Jenkins, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Lafe Plummer				14. MOTHER'S MAIDEN NAME Sarah Perriman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. yes		17. INFORMANT Address Elaine Plummer, Berryville, Ark.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic nephrosclerosis DUE TO (c) 446X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic pyelonephritis	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 6 Mo. Undet.	
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5/24/58 to 6/11/58 and last saw her alive on 6/11/58 Death occurred at 3:40 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Thomas C. Lockman, M.D.			
22b. ADDRESS 2115 Glenstone Springfield, Mo.				22c. DATE SIGNED 6/17/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-18, 1958		23c. NAME OF CEMETERY OR CREMATORY Fields Cemetery		23d. LOCATION (City, town, or county) (State) Stone County, Missouri	
24. FUNERAL DIRECTOR ADDRESS Doyle E. Williamson, Osceola				25. DATE RECD. BY LOCAL REG. June 20-1958		26. REGISTRAR'S SIGNATURE Mag. John Brown	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Wyle E. Williams*
Licensed Embalmer No. *4882*

P. O. Address *Cassville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.